

The Safe Patient Care Act: *A plan to increase the safety of patients in Michigan hospitals and build and retain a strong nursing workforce.*

Problem: There is no law that limits the number of patients a registered nurse can be assigned to take care of in the hospital. This results in an alarming and unsafe variety of standards in Michigan hospitals. There is also no law to prevent hospitals from making nurses work unlimited hours without advanced notice (shifts of 14, 16 or even 20 hours, often with little to no rest in between).

Too often, this means your nurse must juggle too many patients or work past the point of exhaustion. Nurses work hard and make every effort to provide quality care and protect patients from harm. But understaffing and overworking nurses is dangerous for patients (increased falls, infections, medication errors and even deaths). Patient harm is the third-leading cause of death in America, and much of that can be prevented by proper RN staffing.

Solution: The Safe Patient Care Act is a 3-bill bipartisan package that addresses rampant RN understaffing and excessive use of forced RN overtime. It will force administrators to make decisions based on patients' needs, rather than misguided cost-cutting in the highly profitable hospital industry.

A) **Safe RN staffing levels in all hospitals.** Bill overview:

House Bill 4629, Rep. Jon Hoadley (D-Kalamazoo)/Senate Bill 387, Sen. Rebekah Warren (D-Ann Arbor)

- A committee of at least 50 percent direct-care RNs plans and monitors staffing levels.
- Safe limits on the number of patients per nurse, based on national evidence-based standards, by unit (example: maximum of four patients per RN on a medical-surgical floor).
- Hospital must post information about the law and inform people on how to report violations.
- State runs a toll-free hotline to receive complaints.
- Whistleblower protection for those who report violations.
- Additional time for rural hospitals to comply.
- Fines for non-compliance, to create true accountability.

B) **Limits on forced overtime for RNs.** Bill overview:

House Bill 4630, Rep. Stephanie Chang (D-Detroit)/Senate Bill 388, Sen. Tom Casperson (R-Escanaba)

- Nurses can't be ordered to work more 12 hours (a standard, expected shift in many hospitals).
- RNs can still volunteer for overtime, if any is needed, if they know they can provide safe care.
- RNs must have 8 continuous hours off after a shift of 12 hours or more, to rest.
- Nurses are protected from discipline, firing or losing their license if they refuse unplanned extended shifts.
- The limits will be suspended during emergency situations or when a nurse is in the middle of a critical patient procedure.

C) **Hospital transparency.** Bill overview:

House Bill 389, Rep. Aaron Miller (R-Sturgis)/Senate Bill 4631, Sen. Joe Hune (R-Fowlerville)

- Hospitals must disclose to the public their actual RN-to-patient ratios, which are closely tied to patient outcomes, so consumers can make informed choices and everyone has real data to evaluate. There is currently no law requiring this transparency.



THE MI SAFE PATIENT CARE ACT

A plan to increase patient safety in Michigan hospitals by establishing minimum nurse staffing levels, limiting mandatory overtime for RNs, and adding transparency.

Every patient. Every shift.

Many people don't realize that there is no law that limits the number of patients a nurse can be assigned. There is also no law stopping hospitals from forcing nurses to work unlimited hours.

When nurses have to juggle too many patients or work past the point of exhaustion, they can't give every person the skilled care they need and deserve.

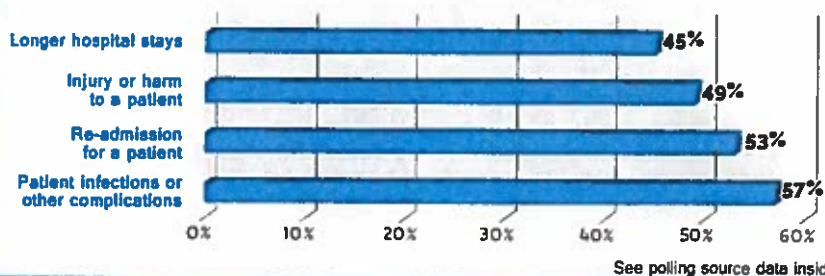
This is dangerous. Years of scientific studies prove the link between inadequate RN staffing and higher rates of preventable infections, falls, and even deaths. Patients deserve better.

The bipartisan Michigan **Safe Patient Care Act** will help by requiring hospitals to:

- Follow evidence-based RN-to-patient ratios by unit so that everyone can get safe, quality care no matter where they go (House Bill 4629 & Senate Bill 387).
- Limit the rampant use of forced RN overtime so that care isn't compromised by an exhausted or sleep-deprived nurse (HB 4630 & SB 388).
- Tell the public what their RN-to-patient staffing is, so that crucial data can be examined and consumers can make informed choices (HB 4631 & SB 389).

Safe RN staffing is a matter of life and death.

1 in 5 Michigan RNs (22%) are aware of a time understaffing **led to a patient's death**. There are also many other specific negative patient outcomes they reported awareness of:



Preventable harm to patients is the third leading cause of death in the United States.

-Journal of Patient Safety

*"I became a nurse to care for others. In order to give vulnerable patients the skilled care they deserve, we need safe RN staffing levels. Quality care is built on time and attention from a Registered Nurse. The **Safe Patient Care Act** would give nurses more time at the bedside to care for your loved ones."*

MI NURSES
Association

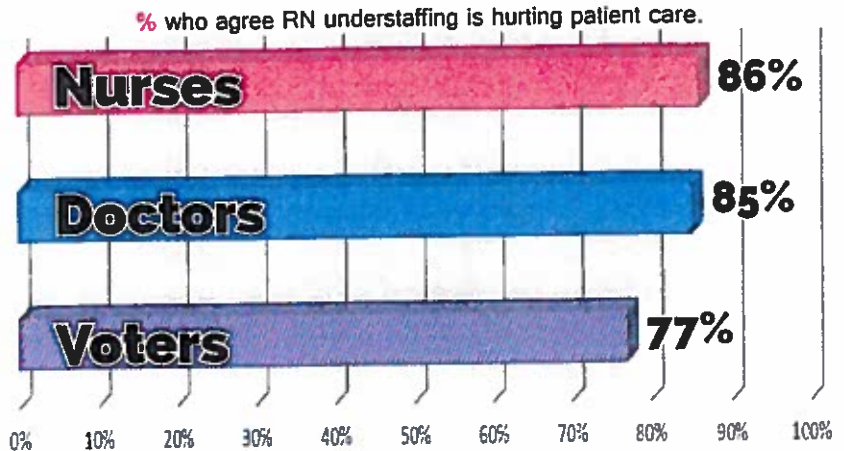
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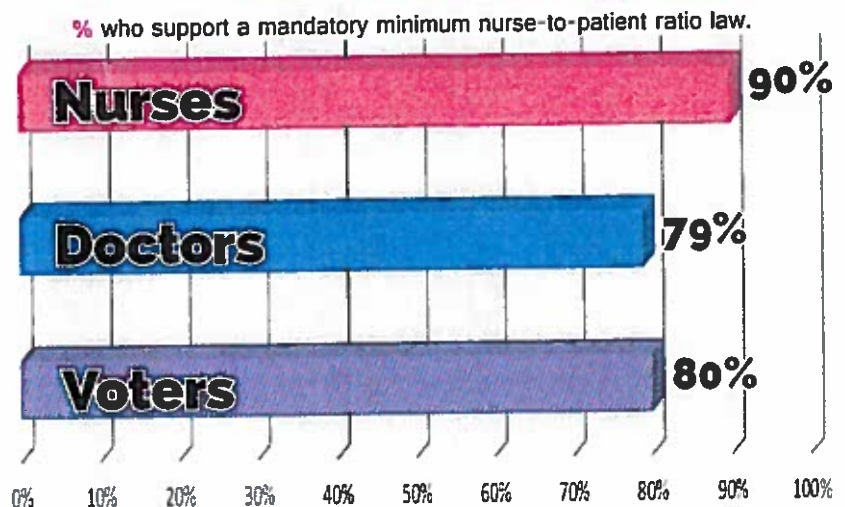
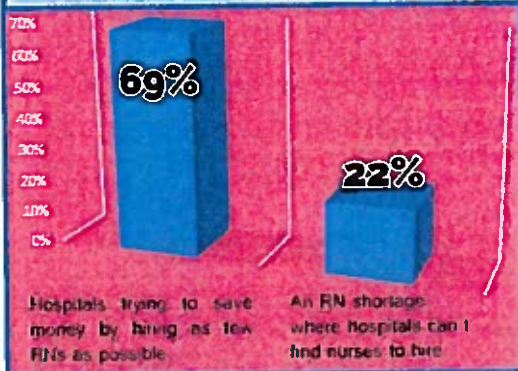
Michigan RNs, doctors & voters agree: nurse understaffing is hurting patients

Michigan nurses, physicians, and voters agree that patient care in hospitals is suffering because RNs are being assigned too many patients at once. Half (50%) of RNs in Michigan hospitals say they are assigned an unsafe patient load at least 50% of the time they are working.



Voters, RNs & doctors strongly support a safe staffing law

Voters blame understaffing on hospitals trying to save money, **NOT** a "nursing shortage." RN understaffing in Michigan hospitals is more likely the result of...



There is overwhelming support for a law establishing minimum nurse-to-patient ratios in Michigan. **Patient safety is not a partisan issue**, and a safe staffing law is supported by voters of all backgrounds and from all across Michigan.

% who support a mandatory minimum nurse-to-patient ratio law.

Group	Favor	Oppose	Group	Favor	Oppose
Democrat	89%	7%	Wayne County	81%	15%
Republican	73%	24%	Oak./Mac. County	76%	19%
Independent	75%	19%	Southeast	80%	15%
<\$30k	88%	10%	Southwest	80%	14%
\$30-\$60k	76%	19%	N.C./U.P.	77%	20%
\$60-\$100k	76%	17%	Female	83%	13%
\$100k+	76%	20%	Male	75%	21%

About these polls: Three statewide surveys, commissioned by the Michigan Nurses Association, were conducted by independent polling firm Anderson Robbins between September of 2015 and February of 2017. They polled 600 Michigan voters (representative of all Michigan voters), 401 Michigan RNs (88% of whom were not MNA members), and 200 Michigan physicians (all currently employed providing direct patient care in Michigan hospitals). Margins of error for each:

RN poll: +/- 4.9 percentage points • Voter poll: +/- 4 percentage points • Physician poll: +/- 7 percentage points

Frequently Asked Questions

Why does Michigan need a safe staffing law?

Michigan hospitals do not currently have consistent standards. In some ICUs, an RN may have up to 4 patients at a time; in others, the limit is 1 or 2. State and federal law contain vague language requiring adequate staffing, but give no details. Experience shows that guidelines and committees are not sufficient to ensure proper staffing. Nearly half of Michigan RNs in an independent survey say management rarely or never adjusts their workload when they report unsafe assignments. Patients deserve meaningful, enforceable standards.

What are the current staffing levels at Michigan hospitals?

There is no way to know for sure. Hospitals are not required to disclose this information. What we do know is that many RNs say they are being forced to take care of too many patients and work excessive hours. It's important to listen to nurses, who provide the majority of direct patient care.

Is there really a problem in Michigan?

Yes. Half (50%) of Michigan registered nurses have an unsafe number of patients on at least half their shifts, according to an independent survey. This is alarming because the link between adequate RN staffing in the hospital and better patient outcomes is well-established. Your nurse is your first line of defense and needs enough time to adequately monitor, assess and treat each patient.

Can't nurses say no when they're too exhausted to work mandatory overtime?

Nurses can be fired for refusing to work longer hours. Administrators often tell them that refusing constitutes patient abandonment and they could lose their license. The problem is the routine use of mandatory overtime; it should be the exception, not the rule. When there is a true public health emergency, the proposed overtime limits would not apply.

Don't hospitals need flexibility in their staffing?

Under the law, hospitals could adjust the ratios to increase nursing care if patient needs require. What they would lose is the ability to understaff and overwork nurses whenever they want. It is reasonable for government to set a minimum standard in hospitals, where public safety is at risk.

What about the costs of better nurse staffing?

Research suggests that the costs of additional staffing, if needed, would even out over time because hospitals will save money they are currently losing on readmission penalties, uncompensated hospital stays, lawsuits, nurse overtime, and turnover. The law gives hospitals three years to phase in any changes. Rural hospitals will have an extra year.

Doesn't collective bargaining take care of staffing issues?

No. Even with strong collective bargaining agreements, it is rare for a hospital to agree to numeric ratios, and it is difficult to enforce violations. More than 80% of Michigan's RNs do not belong to a union, which means they cannot negotiate staffing standards at all and are not protected when speaking up. This is about making sure every nurse – whether in a union or not – can provide safe, quality care to every patient.

How can hospitals meet these ratios? Isn't there a nursing shortage?

What Michigan has is a shortage of nurses willing to work under the conditions that hospitals create. Most Michigan voters, nurses, and physicians share the same assessment: when understaffing occurs, it is done to cut costs – not because of a nursing shortage.

Why does the bill cover only registered nurses?

While every member of the healthcare team is important, RNs are the cornerstone of the hospital healthcare team. Research shows that the care that affects patient outcomes most is that of a bedside registered nurse.



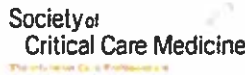
Every patient. Every shift.

Dozens of objective, scientific studies provide evidence of the link between inadequate RN staffing and poor outcomes for hospital patients. To see more research, visit: MIsaferhospitals.org/the-facts

52,000 incidents, near misses and unsafe conditions were reported in Michigan hospitals in 2014. *(October 2015)*



The risk of dying in the ICU increases by a factor of 3.5 when the patient-to-nurse ratio is greater than 2.5 to 1. *(August 2015)*



Stroke patients are up to 35% more likely to die on units with fewer nurses on duty. *(August 2014)*



An increase in a nurse's workload by one surgical patient increases the likelihood of an inpatient dying within 30 days by 7%. *(February 2014)*

THE LANCET

The risk of death from cardiac arrest in the hospital is nearly 20% higher on the night shift, when RN staffing is typically lower. *(February 2008)*



Patients cared for in hospitals with higher RN staffing were 68% less likely to acquire infections. *(June 2007)*



Maximum number of patients
per RN in HB 4629 & SB 387 of the

Safe Patient Care Act

Emergency department 1:3
plus one RN for triage

Medical-surgical 1:4

Pediatrics 1:4

Behavioral health 1:4

Rehabilitation care 1:5

Intensive care (all units) 1:1

Post-anesthesia 1:2

Stepdown 1:3

Telemetry 1:3

Labor and delivery

- First stages of labor 1:2
- 2nd and 3rd stages of labor 1:1
- Intermediate newborn nursery 1:3
- Postpartum mother-baby couplet 1:3
- Noncritical antepartum patient 1:4
- Postpartum mother or well-baby care 1:5

Operating room 1:1
plus one scrub assistant

Ratios are based on national
evidence-based standards.

What is the Campaign for Safer Hospitals?

The **Campaign for Safer Hospitals** is an initiative to bring together and mobilize everyone who cares about improving patient care in our hospitals.

The **Michigan Nurses Association** is leading the campaign on behalf of Michigan's registered nurses, who first

MI NURSES Association and foremost are advocates for their patients.

MI NURSES Association

Forcing nurses to work unlimited hours: A public safety issue that Michigan must address

Forcing registered nurses to work overtime should be the exception, not the rule.

Unfortunately, forced (mandatory) overtime has become standard practice in many Michigan hospitals. Patients are at risk when RNs must continue working despite being fatigued or sleep-deprived. Lack of sleep causes mistakes, impaired motor skills, slowed reaction time and reduced cognitive function.

No one should be cared for by a nurse who is so exhausted that he or she has trouble calculating medication doses, inserting an IV, or responding quickly to a cardiac arrest. Everyone deserves to be taken care of by a registered nurse who is working to his or her full ability.

The problem in Michigan:

- There is no law limiting the number of hours nurses can be forced to work (consecutive or cumulative).
- Many hospital RNs already work 12-hour-shifts, so forcing them to stay longer can push them into a shift of 16, 18 or even 24 hours straight.
- There is no law requiring a rest period between shifts; e.g., a nurse who has worked 16 hours straight can be forced to come back and work another 12- to 16-hour shift after only a few hours off (and therefore little to no sleep).
- For most nurses, their only option when ordered to work unscheduled overtime are to (1) quit, (2), be disciplined, fired, or threatened with loss of their license or (3) work the hours despite being exhausted or sleep-deprived, knowing it could put their patients and themselves at risk.

Laws protect the public by putting reasonable limits on the working hours of truck drivers, pilots, locomotive operators and air-traffic controllers. Hospital nurses, too, are responsible for human lives, and therefore reasonable working limits for them are appropriate and necessary.

Proposed solution for Michigan:

Enacting a Michigan law with reasonable protections for hospital nurses will protect patients, improve healthcare outcomes, and recruit and retain a strong nurse workforce. **House Bill 4630 (Rep. Stephanie Chang) and Senate Bill 388 (Sen. Tom Casperson) would:**

- Limit the hours a registered nurse can generally be forced to work to 12 in a row. RNs could still volunteer for overtime if it is needed. Nurses should be allowed to use their professional and clinical judgment to assess whether they can work extra hours safely.
- Require that hospital nurses get 8 consecutive hours off after a 12-hour shift, so they can get some rest before their next shift.

(continued)

- Protect a nurse who refuses forced overtime from being fired, disciplined, retaliated against or losing her professional license due to “patient abandonment.”
- Suspend the 12-hour limit if there is an emergent situation (an “all-hands-on-deck” situation) or if a patient procedure is in process that requires the RN to stay.

Please note: **most RNs do not want to work beyond their scheduled hours.** This is not about overtime pay – it’s about ensuring that nurses are able to fulfill their professional responsibilities to provide safe, quality care and not get burned out and leave the profession.

At least 18 states have laws that protect nurses from working excessive hours. They are:

- | | | |
|---------------|-----------------|-----------------|
| • Alaska | • Massachusetts | • Oregon |
| • California | • Minnesota | • Pennsylvania |
| • Connecticut | • Missouri | • Rhode Island |
| • Illinois | • New Hampshire | • Texas |
| • Maine | • New Jersey | • Washington |
| • Maryland | • New York | • West Virginia |



(3-bill package, identical versions in the Michigan House and Senate)

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